

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Elizabeth Crowley for Congress

ADDRESS (number and street)

77-24 83 Street



Check if different than previously reported. (ACC)

Glendale

NY

11385

2. FEC IDENTIFICATION NUMBER ▼

C

C00517359

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NY

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2012

through

M M / D D / Y Y Y Y

09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Moira M. McDermott

Signature of Treasurer

Ms. Moira M. McDermott

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 15 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 21

Write or Type Committee Name

Elizabeth Crowley for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7525.00	360146.18
(b) Total Contribution Refunds (from Line 20(d))	1700.00	2700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5825.00	357446.18
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9247.94	325558.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	9247.94	325558.05
8. Cash on Hand at Close of Reporting Period (from Line 27).....	34610.06	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 21

Write or Type Committee Name

Elizabeth Crowley for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

1000.00

223286.39

(ii) Unitemized.....

25.00

40909.79

(iii) TOTAL of contributions from individuals ▶

1025.00

264196.18

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

6500.00

95950.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

7525.00

360146.18

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

7525.00

360146.18

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 21

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9247.94	325558.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1700.00	2700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1700.00	2700.00
21. OTHER DISBURSEMENTS	0.00	570.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10947.94	328828.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	38033.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7525.00
25. SUBTOTAL (add Line 23 and Line 24).....	45558.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10947.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	34610.06

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Elizabeth Crowley for Congress

Full Name (Last, First, Middle Initial)

Northeast Government Consulting, LLC

Mailing Address 501 St. Davids Lane

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☐ Primary☐ General☒ Other (specify)

Post Primary

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Transaction ID : C8686027

Amount of Each Receipt this Period

1000.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

David S Carroll

Mailing Address 501 Street Davids Lane

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Northeast Government Consulting

Partner

Receipt For: 2012

☐ Primary☐ General☒ Other (specify)

Post Primary

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2012

Transaction ID : C8686032

Amount of Each Receipt this Period

1000.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary☐ General☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 21

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Elizabeth Crowley for Congress

Full Name (Last, First, Middle Initial)

A. Carpenters Legislative Improvement Committee

Mailing Address 101 Constitution Avenue NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00001016

Name of Employer

Occupation

Receipt For: 2012



Primary



General



Other (specify)

Post Primary

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		01		2012

Transaction ID : C8926007

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. United Food and Commercial Workers International Union

Mailing Address 1775 K STREET, N.W.

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00484253

Name of Employer

Occupation

Receipt For: 2012



Primary



General



Other (specify)

Post Primary

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		12		2012

Transaction ID : C8716591

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6500.00

6500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elizabeth Crowley for Congress

Full Name (Last, First, Middle Initial)

A. Avraham Fink

Mailing Address 8309 Brevoort St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2012

City	State	Zip Code
Kew Gardens	NY	11415-2652

Purpose of Disbursement
Campaign Work

Amount of Each Disbursement this Period

1500.00

Transaction ID : D464586

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

B. First Data Merchant

Mailing Address 2240 New Market Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

City	State	Zip Code
Marietta	GA	30067

Purpose of Disbursement
Processing Fee

Amount of Each Disbursement this Period

37.50

Transaction ID : D440842

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

C. First Data Merchant

Mailing Address 2240 New Market Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

City	State	Zip Code
Marietta	GA	30067

Purpose of Disbursement
Processing Fee

Amount of Each Disbursement this Period

526.00

Transaction ID : D440843

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2063.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elizabeth Crowley for Congress

Full Name (Last, First, Middle Initial)

A. First Data Merchant

Mailing Address 2240 New Market Parkway

City	State	Zip Code
Marietta	GA	30067

Purpose of Disbursement
Processing Fee

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

Amount of Each Disbursement this Period

660.09

Transaction ID : D440844

B. First Data Merchant

Mailing Address 2240 New Market Parkway

City	State	Zip Code
Marietta	GA	30067

Purpose of Disbursement
Processing Fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2012

Amount of Each Disbursement this Period

526.58

Transaction ID : D464551

C. First Data Merchant

Mailing Address 2240 New Market Parkway

City	State	Zip Code
Marietta	GA	30067

Purpose of Disbursement
Processing Fee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2012

Amount of Each Disbursement this Period

15.50

Transaction ID : D464553

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1202.17

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elizabeth Crowley for Congress

Full Name (Last, First, Middle Initial)

A. First Data Merchant

Mailing Address 2240 New Market Parkway

City	State	Zip Code
Marietta	GA	30067

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2012

Amount of Each Disbursement this Period

0.50

Transaction ID : D464554

B. Ms. Moira M McDermott

Mailing Address 240-38 42nd avenue

City	State	Zip Code
Douglaston	NY	11363

Purpose of Disbursement
Campaign Work

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2012

Amount of Each Disbursement this Period

1000.00

Transaction ID : D464587

c. Ms. Sarah McDermott

Mailing Address 615 Mayfield Avenue

City	State	Zip Code
Stanford	CA	94305

Purpose of Disbursement
Campaign Work

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

Amount of Each Disbursement this Period

800.00

Transaction ID : D440180

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1800.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elizabeth Crowley for Congress

Full Name (Last, First, Middle Initial)

A. NGP Van, Inc.

Mailing Address 48 Grove Street, Suite 202

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2012

City	State	Zip Code
Somerville	MA	02144

Amount of Each Disbursement this Period

3108.94

Purpose of Disbursement
Technology

001

Transaction ID : D464547

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Pitta, Bishop, Del Giorno & Giblin LLCMailing Address 120 Broadway
28th Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2012

City	State	Zip Code
New York	NY	10271

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Compliance

001

Transaction ID : D440845

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Mr. Mustafa Prodhan

Mailing Address 79-04 32nd Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2012

City	State	Zip Code
East Elmhurst	NY	11370

Amount of Each Disbursement this Period

38.94

Purpose of Disbursement
Reimbursement

007

Transaction ID : D442058

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3108.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 21

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Elizabeth Crowley for Congress

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address PO Box 15124

City	State	Zip Code
Albany	NY	12212

Purpose of Disbursement
Phone/Internet

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

Amount of Each Disbursement this Period

416.40

Transaction ID : D440692

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

416.40

8591.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 21

<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
------------------------------------	---	-------------------------------------	------------------------------------

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NAME OF COMMITTEE (In Full)

Elizabeth Crowley for Congress

Full Name (Last, First, Middle Initial)

A. Elizabeth Crowley 2013

Mailing Address 77-24 83rd Street

City	State	Zip Code
Glendale	NY	11385

Purpose of Disbursement
Transfer

008

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2012

Amount of Each Disbursement this Period

2500.00

Transaction ID : D464810

[MEMO ITEM]

B. Elizabeth Crowley 2013

Mailing Address 77-24 83rd Street

City	State	Zip Code
Glendale	NY	11385

Purpose of Disbursement
Transfer

008

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2012

Amount of Each Disbursement this Period

2500.00

Transaction ID : D464814

[MEMO ITEM]

C. Elizabeth Crowley 2013

Mailing Address 77-24 83rd Street

City	State	Zip Code
Glendale	NY	11385

Purpose of Disbursement
Transfer

008

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2012

Amount of Each Disbursement this Period

1000.00

Transaction ID : D464820

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

--

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB18

Transaction ID : D464810

Permission given from Mr. James Bell to transfer excess money designated to the General election.

Form/Schedule: SB18

Transaction ID: D464814

Permission given from Mrs. Margaret Bell to transfer excess money designated to the General election.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB
.

Form/Schedule: SB18

Transaction ID : D464820

Permission given from Mr. John Farrell to transfer remaining funds from designated for the General election.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 21

<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Elizabeth Crowley for Congress

Full Name (Last, First, Middle Initial)

A. Elizabeth Crowley 2013

Mailing Address 77-24 83rd Street

City	State	Zip Code
Glendale	NY	11385

Purpose of Disbursement
Transfer

008

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2012

Amount of Each Disbursement this Period

1500.00

Transaction ID : D464825

[MEMO ITEM]

B. Elizabeth Crowley 2013

Mailing Address 77-24 83rd Street

City	State	Zip Code
Glendale	NY	11385

Purpose of Disbursement
Transfer

008

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2012

Amount of Each Disbursement this Period

2500.00

Transaction ID : D464834

[MEMO ITEM]

C. Friends of Elizabeth Crowley

Mailing Address 77-24 83rd Street

City	State	Zip Code
Glendale	NY	11385

Purpose of Disbursement
Transfer

008

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2012

Amount of Each Disbursement this Period

2500.00

Transaction ID : D464839

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SB18

Transaction ID : D464825

Permission given from Mr. John Rapaport to transfer remaining money designated to the General election.

Form/Schedule: SB18

Transaction ID: D464834

Permission given from Mr. James Nederlander to transfer excess money designated to the General election.

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SB18

Transaction ID : D464839

Permission given from Uniformed Firefighters Association of New York PAC to transfer portion of funds designated for the General Election

Form/Schedule:

Transaction ID:

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB18

Transaction ID : D464842

Permission given from IUPAT to transfer a portion of excess funds designated for General election.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 21

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Elizabeth Crowley for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Pitta, Bishop, Del Giorno & Giblin LLCNature of Debt (Purpose):
ComplianceMailing Address 120 Broadway
28th FloorCity State Zip Code
New York NY 10271

Outstanding Balance Beginning This Period

3000.00

Transaction ID : D440846

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

3000.00

2) **TOTALS** This Period (last page this line number only)

3000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

3000.00